Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Blue Cross of California

Submitted by

Delmarva Foundation

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California Department of Health Services

Delmarva Foundation

Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Blue Cross of California (BC of CA)

(Alameda, Contra Costa, Fresno, Sacramento, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare Counties)

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of BC of CA to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition

of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well BC of CA performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore, a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted in either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate BC of CA's performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS) Version, 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Division of Health Plan Oversight Medical Audits – conducted by the Department of Managed Health Care (DMHC) Division of Health Plan Oversight to assess compliance with State regulations.

Background on BC of CA

BC of CA is a full service, for profit health plan contracted in Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, and Santa Clara counties as a commercial plan; in Sacramento and San Diego counties as a geographic managed care (GMC) plan; and in Stanislaus and Tulare as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since January 7, 1993. As of July, 2003, BC of CA's total Medi-Cal enrollment was 451,630 members.

During the HEDIS reporting year of 2004, BC of CA collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations.
- Breast Cancer Screening.
- Cervical Cancer Screening.
- Chlamydia Screening.
- Use of Appropriate Medications for People with Asthma.

To assess member satisfaction with care and services offered by BC of CA, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom BC of CA provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties' an understanding regarding whether children with more complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, BC of CA submitted the following for review:

- Improving Well Adolescent Care.
- Diabetes Control.
- Asthma Control.
- Immunization Collaborative.

The health plan systems review for BC of CA reflects findings assessed by DMHC. This review was conducted August 26-30, 2002. This process includes document review, verification studies, and interviews with BC of CA staff. These activities assess compliance in the following areas:

- Quality Assurance Program.
- Accessibility of Services.
- Utilization Management.
- Grievance System.

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covering services provided from January – June 2003, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by BC of CA, as well as its marketing practices.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report.
The table below shows the aggregate results obtained by BC of CA.

Table 1: 2004 HEDIS Quality Measure Results for BC of CA

HEDIS Measure	2004 BC of CA Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status- Combo 1	67.0%	64.7%	61.8%
Breast Cancer Screening	55.4%	53.1%	55.8%
Cervical Cancer Screening	69.8%	60.8%	63.8%
Chlamydia Screening in Women	45.5%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	68.7%	61.0%	64.2%

BC of CA exceeded the Medi-Cal managed care average and National Medicaid HEDIS average for four HEDIS measures, which displays strength in regards to this area of quality. The "Breast Cancer Screening" measure exceeded the Medi-Cal managed care average, but fell slightly below the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of BC of CA enrollees regarding their satisfaction with care. Also surveyed was a subset of the BC of CA childhood population who are children with health care special needs (CSHCN). They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the BC of CA population not identified as having chronic care needs. The results in the following table represent each BC of CA plan operation. The CP designation represents BC commercial plans that have Medi-Cal enrollees; GMC North represents BC Sacramento, GMC South represents BC San Diego and BC Stanislaus and BC Tulare representative the BC plans organized as local initiatives in each respective county.

Table2. 2004 CAHPS Quality Measure Results for BC of CA

CAHPS Measure	Population	2004 BC of CA Rate					2004 Medi-Cal Average
		CP	GMC-North	GMC-South	Stanislaus	Tulare	
Getting Needed Care	Adult	68%	57%	64%	65%	68%	69%
	Child	72%	72%	76%	78%	80%	77%
	CSHCN	69%	67%	67%	67%	76%	N/A
	Non-CSHCN	77%	78%	80%	78%	82%	N/A
How Well Doctors Communicate	Adult	51%	43%	49%	51%	50%	51%
	Child	54%	55%	55%	50%	54%	52%
	CSHCN	58%	57%	57%	57%	55%	N/A
	Non-CSHCN	55%	56%	56%	50%	53%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for the child population than for the adult population for each BC of CA health plan. However, both the BC of CA adult and child rates are equal to or slightly less than the Medi-Cal average. Also of note is that parents of children with special health care needs (CSHCN) report less satisfaction with "Getting Needed Care" than parents of non-CSHCN children. The finding of lower satisfaction with this group highlights the need for BC of CA's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that BC of CA members perceive practitioner communication as fairly favorable. The BC of CA child rates for this measure indicates that parents are generally pleased with the communication received by their practitioners. The finding that parents of the CSHCN population have a higher rate of satisfaction with the communication from practitioners in all plans leads one to infer that practitioners may differentiate in their communication style between the two groups Medi-Cal groups. Because the chronic care children are likely to have more serious health issues, the need for good communication between practitioners and parents is paramount in this subset of the childhood population.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), BC of CA used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted BC of CA's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by BC of CA can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by BC of CA.

Improving Well Adolescent Care Collaborative

Relevance:

- Twenty-two percent of Blue Cross of California's State Sponsored Programs' population is aged 12-21. This represents a significant portion of the Plan membership that requires annual preventive care services.

QIP Goal:

- To improve the rate of adolescent well-care visits.

Best Interventions:

- Well Adolescent reminder cards.
- Birthday card reminders to members (approximately 6,700 sent).
- Revise current preventive care forms to better reflect well adolescent visit requirements and distribute them to providers.

QIP outcomes:

- Annual Well Visit:
- Mainstream: Achieved and surpassed established goal.
- Sacramento: Achieved and just passed established goal.
- San Diego: Did not achieve established goal.
- Stanislaus: Did not achieve established goal.
- Tulare: Did not achieve established goal.

Attributes/barriers related to Outcomes:

- Barriers identified were provider-related (lack of knowledge about importance of well-care and preventive care recommendations).
- Barriers related to members include lack of understanding of importance of visits, transportation and scheduling issues.

Diabetes Control

Relevance:

- Diabetes is a national, regional and local problem with an estimated 4.1% of Blue Cross of California population affected (based on 2002 claims data).
- Proper management of diabetes is essential for avoiding complications and poor health outcomes for those diagnosed with the disease.

QIP Goal:

- Increase the rates of HbA1c screening and diabetic retinal eye exams.

Best Interventions:

- Diabetic Retinal Eye Exam Reminder Card member mailing (for those members who have not had a retinal eye exam in the last two years).
- Member mailing of Diabetes Member Education Packet that included a diabetes self-care handbook, educational brochures, diabetes health record card, and health plan resource reference list and phone numbers for diabetes care.
- Case management of high-risk diabetics.
- Annual physician mailing of Blue Cross Diabetes Management Clinical Support Tools.

Outcomes:

- N/A: Baseline measurement.

Attributes/barriers related to Outcomes:

- Lack of member knowledge of diabetes self-management skills.
- Lack of knowledge of importance of retinal eye exams.
- Lack of knowledge of how to manage diabetes condition.

Asthma Control:

Relevance:

- Analysis of prevalence reports ranks Asthma seventh among Blue Cross of California (BCC) Medi-Cal top 25 diagnoses (8% of population affected).

QIP goal:

- To increase the rate of appropriate use of asthma controller medications and to decrease the overuse of controller medications.

Best Interventions:

- Annual physician mailing of Asthma Disease Management Physician Toolkit.
- 10-minute pharmacy consultation for members identified through pharmacy claims indicating over reliance on reliever medications.
- Case management for members with asthma who are identified to have severe acuity level.

Outcomes:

- Baseline measures only were provided for the reporting period.

Attributes/Barriers to Outcome Goals:

- Barrier: Lack of member knowledge of how to treat asthma warning signs and flare-ups.
- Barrier: Lack of knowledge of asthma self-management skills.
- Barrier: Lack of knowledge of resources available to help manage asthma condition.
- Barrier: Provider lack of knowledge of Blue Cross asthma materials/resources available to members and providers.
- Barrier: Lack of physician knowledge of recommended Asthma Clinical Practice Guidelines were postulated.

Immunization Collaborative

Relevance:

- The California Immunization Collaborative is a quality improvement project selected by the Medi-Cal Managed Care Division (MMCD) involving nine participating managed care plans. Blue Cross is participating in this Collaborative.

QIP Goal:

- Improve Childhood Immunization Rates through linking high volume primary care providers to Immunization Registries.

Best Interventions:

- Recruitment interventions.
- Establish working relationships with registries.

Outcomes:

- Number of providers linked with Immunization Registries by County:
- Alameda County – 11 providers, 8 groups in the registry.
- Fresno County – 67 providers, 2 pending.
- Santa Clara County – 4 providers.
- San Diego County – 2 pending.
- San Francisco County – 1 group on the registry.
- San Joaquin County – 7 providers.
- Stanislaus County – 37 providers, 2 pending.
- Tulare County – 23 providers, 8 pending.

Attributes/Barriers to Outcomes:

- Barrier: San Diego Immunization Registry has had to put recruited physicians on a waiting list before training them.
- Barrier: Lack of cooperation from providers' offices to assess immunization registry readiness.
- Barrier: Difficulty convincing providers to attend training sessions.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- BC OF CA

QIP Activity	Indicator	Baseline	Re-measurement #1	Re-measurement #2	
Improving Well-Adolescent Care	Annual well visit: Mainstream Sacramento San Diego Stanislaus Tulare	2003 • 37.21% • 29.63% • 29.17% • 18.06% • 27.78%			
Diabetes Control	HbA1C Screening Alameda Contra Costa Fresno GMC Sacramento San Diego San Francisco San Joaquin Santa Clara Stanislaus Tulare Diabetic Retinal Eye Exam Alameda Contra Costa Fresno GMC Sacramento San Diego San Francisco San Joaquin Santa Clara Stanislaus Tulare	2003: • 57.36% • 56.52% • 70.62% • 64.69% • 68.65% • 71.71% • 65.30% • 58.22% • 63.39% • 73.80% • 33.44% • 26.09% • 40.83% • 37.38% • 38.38% • 48.61% • 36.53% • 35.27% • 36.89% • 36.99%			

QIP Activity	Indicator	Baseline	Re-measurement		
			#1	#2	#3
Asthma Control	Appropriate Use of Medications for People with Asthma Alameda Contra Costa Fresno GMC Sacramento Santa Clara San Diego San Francisco San Joaquin Stanislaus Tulare Rate of Overuse of Reliever Medication Alameda Contra Costa Fresno GMC Sacramento Santa Clara San Diego San Francisco San Joaquin Stanislaus Tulare	2003 • 62.83% • 62.39% • 75.50% • 60.10% • 66.27% • 64.10% • 57.83% • 67.80% • 64.86% • 68.09% • 72.83% • 61.54% • 75.38% • 66.65% • 65.54% • 69.23% • 65.18% • 68.47% • 66.53% • 67.15%			
Immunization Collaborative	This was a qualitative, rather than a quantitative study. # Providers Linked with Immunization Registries: Alameda County Fresno County Santa Clara County San Diego County San Francisco County San Joaquin County Stanislaus County – Tulare County	Baseline Count of Providers 11 providers; 8 practice sites 67 providers; 2 pending 4 providers 2 providers pending 1 provider group 7 providers 37 providers; 2 providers pending 8 pending			

Health Plan Oversight Review Findings

Delmarva reviewed the results of the medical audit performed by DHMC. Within the health plan oversight component of the quality review, the following review requirements were identified by DMHC as in need of improvement:

Quality Management

- Quality Staffing.
- Quality Assurance Program.

Grievance and Appeals

- Grievance Acknowledgement System.
- Grievance Resolution Staffing.

To address these opportunities, DMHC conducted active oversight of BC of CA's corrective action process. BC of CA implemented recommendations to correct identified opportunities related to Quality Review Requirements.

Summary of Quality

In summary, BC of CA demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regard to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for BC of CA

HEDIS Measure	2004 BC OF CA Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	81.7%	75.7%	76.0%
Postpartum Check-up Following Delivery	58.0%	55.7%	55.2%

BC of CA scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results regarding access appear to be strengths for BC of CA.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5. 2004 CAHPS Access Measure Results for BC of CA

CAHPS Measure	Population	2004 BC OF CA Rate					2004 Medi-Cal Average
		CP	GMC-North	GMC-South	Stanislaus	Tulare	
Getting Care Quickly	Adult	34%	31%	31%	28%	26%	35%
	Child	40%	42%	40%	35%	38%	38%
	CSHCN	39%	43%	39%	37%	38%	N/A
	Non-CSHCN	41%	45%	41%	35%	35%	N/A

Findings from 2004 indicate that BC of CA met or exceeded the Medi-Cal managed care average for the child rate in all health plans except BC Stanislaus. The adult rate fell below the comparison average by no less than three percentage points except for BC Stanislaus and BC Tulare. However, it is important to note that children with chronic care needs (CSHCN) and the overall children's population have different rates of satisfaction with access. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is generally less satisfied with their ability to obtain routine care however, generally slightly more satisfied with their ability to obtain care when they perceive an urgent need. One may infer from these results that access remains an area where opportunities for improvement are present.

Quality Improvement Projects

BC of CA quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Health Plan Oversight Review Findings

Delmarva reviewed the results of the medical audit performed by DHMC. This audit covered health plan activity from 2002 and encompassed a compliance review considering requirements which represent proxy measures for access. The following review requirements were identified by DMHC as in need of improvement:

Availability and Access

- Accessibility of Services

To address these opportunities, DMHC conducted oversight of BC of CA's corrective action process. BC of CA implemented recommendations related to Access Review Requirements to correct identified opportunities.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. However, the fact that BC of CA scored above the Medi-Cal and national Medicaid average for prenatal and postpartum care is evidence that the plan is making good progress towards improvement in access. Also noteworthy, member satisfaction with childhood access to "getting care quickly" is higher than the Medi-Cal average satisfaction level. BC of CA apparently is working toward making urgent care accessible to meet childhood member needs.

Combining all the data sources used to assess access; BC of CA has addressed the accessibility to services, the issue identified in the DMHC audit as needing improvement. BC of CA addressed this issue to the satisfaction of DHS/DMHC in order to comply with the required access standards.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for BC of CA

HEDIS Measure	2004 BC OF CA Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	54.7%	48.7%	45.3%
Adolescent Well-Care Visits	32.5%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	53.8%	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	64.3%	33.1%	N/A

The "Well Child Visits in the First 15 Months of Life" measure exceeded both the Medi-Cal managed care average and the National Medicaid HEDIS average. However, the "Adolescent Well-Care Visits" measure fell below both comparison averages. When looking at this data compared to the HEDIS childhood immunization results for BC of CA, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life or 6 more visits). This may indicate that as practitioners performed a higher rate of well child visits, the childhood immunization rates appear to be higher.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7. 2004 CAHPS Timeliness Measure Results for BC of CA

CAHPS Measure	Population	2004 BC OF CA Rate					2004 Medi-Cal Average
		CP	GMC-North	GMC-South	Stanislaus	Tulare	
Courteous and Helpful Office Staff	Adult	53%	43%	48%	52%	50%	54%
	Child	56%	57%	57%	50%	55%	53%
	CSHCN	58%	59%	59%	58%	52%	N/A
	Non-CSHCN	56%	57%	55%	53%	53%	N/A
Health Plan's Customer Service	Adult	69%	63%	70%	58%	76%	70%
	Child	69%	69%	72%	73%	86%	69%
	CSHCN	69%	68%	66%	69%	67%	N/A
	Non-CSHCN	76%	76%	77%	76%	81%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. The BC of CA adult rate for this measure reveals that office staff is slightly less helpful when compared to the general Medi-Cal population. The child rate was found to be higher in all locations except Stanislaus county where the satisfaction rate was 3% lower than the Medi-Cal average. However, the BC of CA CSHCN rate for this measure exceeded the child rates in all areas except Tulare County. It is also noteworthy that parents of CSHCN children find office staff generally more courteous and helpful than parents of children with non-CSHCN. This is important as this population often requires more guidance from office staff in order to avoid crisis care management.

BC of CA parents of child members find health plan customer services staff equally or more helpful the Medi-Cal average. The CSHCN population perceives health plan staff less helpful than the non-CSHCN population. However this may be explainable due to the likelihood that this population often requires more information related to direct medical care and often receive this information directly from office practice staff.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. BC of CA used a variety of mechanisms to address timeliness, including sending birthday card reminders,

disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. BC of CA acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Health Plan Oversight Review Findings

Delmarva's review of DMHC's plan survey activity from 2002 evidenced that the review requirements monitored reflect adequate proxy measures for timeliness. The following review requirements were identified by DMHC as in need of improvement:

Utilization Management

- Communication of UM Processes.
- UM Criteria Policy.
- Benefit Non-Authorization Requirements.

Grievance and Appeals

- Grievance Acknowledgement Requirements.

To address these opportunities, DMHC conducted oversight of BC of CA's corrective action process. Blue Cross of California implemented recommendations related to Timeliness Review Requirements to correct identified opportunities.

Summary for Timeliness

Timeliness barriers are often identified as access issues. BC of CA addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, BC of CA demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of BC of CA management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- BC of CA scored better than the Medi-Cal average and the national Medicaid average for 80 percent of the clinical HEDIS measures required by the California Department of Health Services.
- Precise documentation within the QIP that defines the relevance of the particular problem under study to the population being served by BC of CA.

Access:

- BC of CA demonstrates better access to prenatal care and postpartum follow-up than the Medi-Cal program in aggregate and the Medicaid program nationally.
- BC of CA parents express greater satisfaction with the ability to "get care quickly" for their children in comparison to other Medi-Cal enrollees.

Timeliness:

- BC of CA network participants and health plan staff serving the childhood population are, on average, perceived as more helpful and courteous than other Medi-Cal managed care networks and health plan staff.
- BC of CA's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Perform root cause analyses for QIP activities that fail to meet established goals.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward achieving the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members perceptions of their ability to care when needed has an impact upon the actual receipt of timely care or service.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

- Use rates as compared to raw numbers in all QIP measures to help readers better understand the magnitude of the issue under study.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

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